

Name in Full

Certificate of Death

Elsie E. Barnes

27

Town

County

Died at

Barnes Co., Calvert

MARYLAND

Date 1905-

Month Sep. Day 22

Y. M. D.

Native of

Occupation

Age 14

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mr. M. Barnes

Mother's

Maiden Name

Keller R. Monett

Cause of

Primary

not known

How long sick

8 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Arthur A. Hartness

Address

Mutual, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Benjamin Blanford*  
 Died at *Wt Harmony* *Calvert* *MARYLAND*  
 Town County

Date 19 *Sept 3* Age *3*  
 Male ~~White~~ Married ~~Widow~~ Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name *(V)*

Cause of Primary

How long sick

Death Immediate

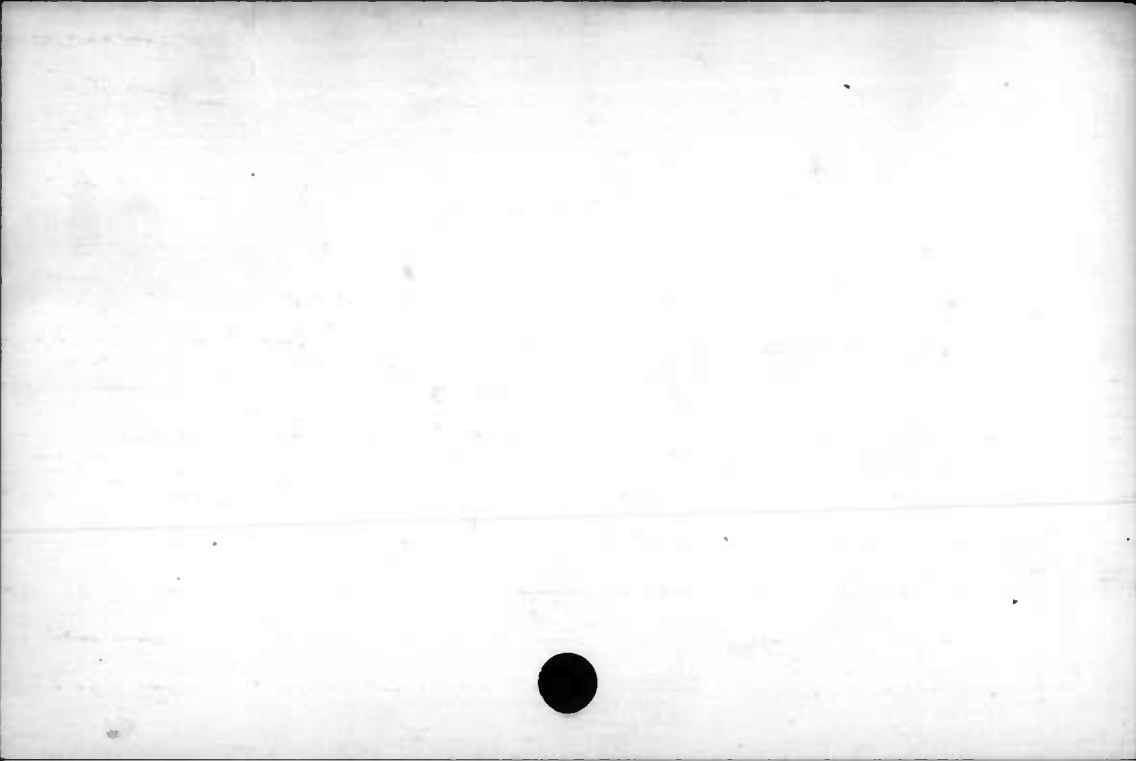
Accident, Suicide, Homicide

Reported by *Wm W Standen, L.B.H.*Address *Wt Harmony Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Benjamin Branford				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chesapeake Beach		Calvert		MARYLAND	
	Date of death	1905	Sept	3	Age	27	Months — Days —
	Sex	male		Color or Race	Colored		Birth- place
	Occupation	Laborer		Where Residing if not at place of death		Mitchellville, Md.	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	Charles Branford				Father's Birthplace	Maryland
	Mother's Maiden Name	Lama Branford				Mother's Birthplace	Maryland
Name of person giving In formation	Charles Branford				How related to deceased	Father	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Killed by train				How long	Immediate
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	Accident or Suicide?		accident		Address		
					Dr. A. R. Walker, Halls, Md.		



Name  
in  
Full

*Ella Byrd*

CERTIFICATE OF DEATH

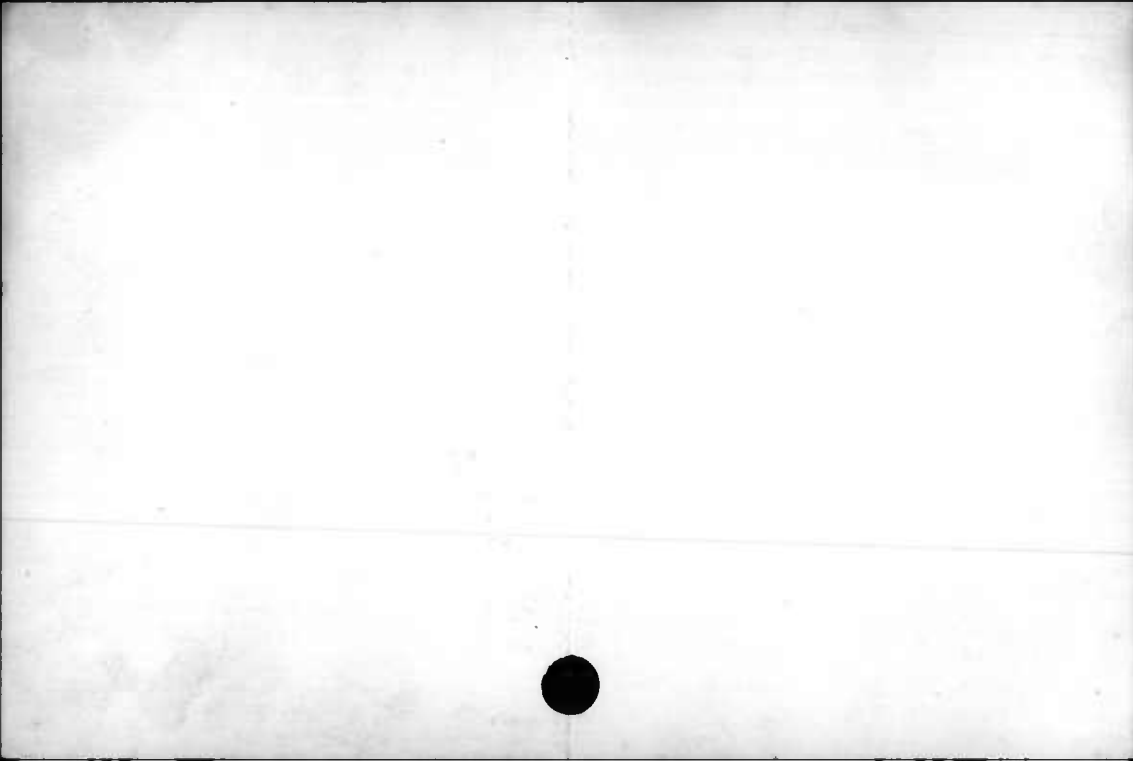
TO BE ANSWERED BY  
NEAREST FRIEND

Died at : <i>Dunkirk</i>		County <i>Calvert</i>		MARYLAND	
Date of death	Month <i>Sept</i>	Day <i>16</i>	Age	Years	Months <i>1</i> Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Dunkirk, Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Mattie</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Insanition</i>	How long <i>7 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. W. Chaney, M.D.</i>
	Address <i>Chaney, Md.</i>
Accident or Suicide?	





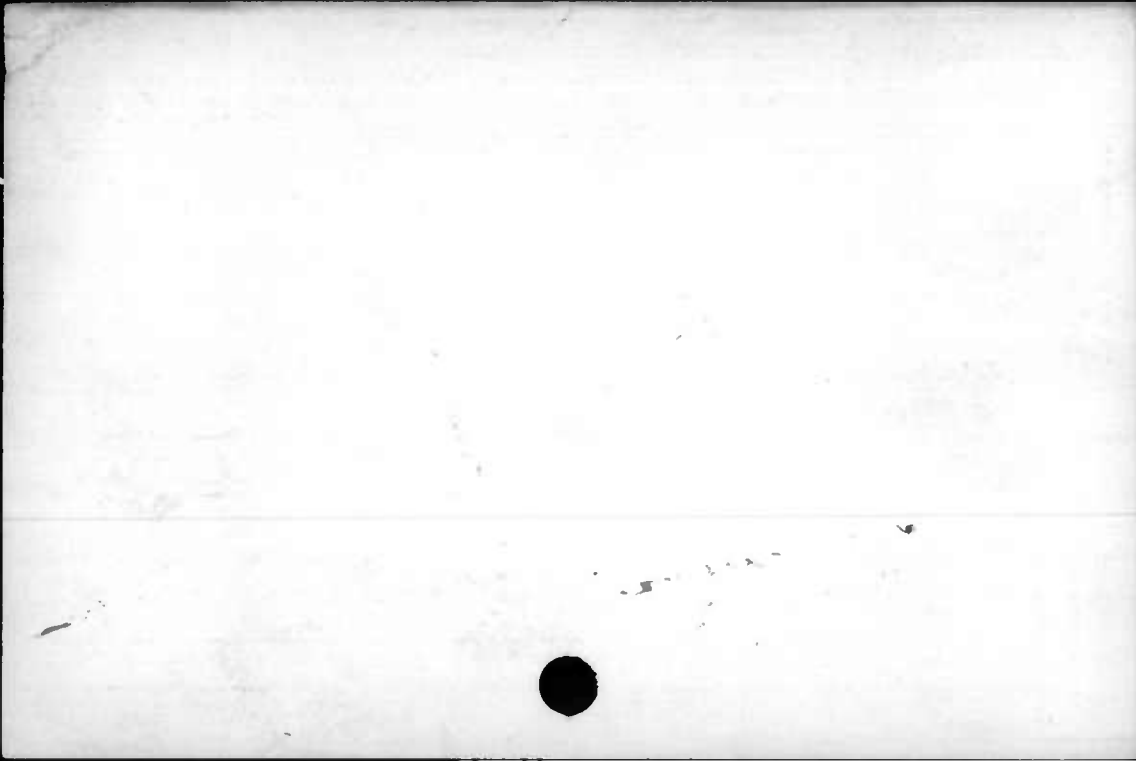
Name  
in  
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CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Washington Coast</i>		Town <i>St Leonards</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>Sept</i>	Day <i>30</i>	Age <i>78</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colloid</i>		Birth-place <i>Calvert</i>			
Occupation <i>Farming</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>Lucy Riggs</i>		Mother's Birthplace <i>Calvert</i>					
Name of person giving information <i>Benson Johnson</i>		How related to deceased <i>male</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile decay</i>	How long
Immediate		<i>one year</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide? <i>D Brooks &amp; Bros.</i>		



Name  
in  
Full

William G. Cook

26  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Wallyville* Town*Cecil* CountyDate of death *1905* *Sept* Month*20* DayAge *54* Years*9* Months

Days

Sex *Male*Color or Race *Caucasian*Birth-place *Cecil Co*Occupation *Farmer*Where Residing if not at place of death *Wallyville*Married, Single or *Widowed*Name of Wife or Husband *Rebecca F. Cook*Father's Name *Benj. Cook*Father's Birthplace *Cecil Co*Mother's Maiden Name *Barbara Perry*Mother's Birthplace *" "*Name of person giving information *Barbara Perry*How related to deceased *Daughter*

## CAUSES OF DEATH

Primary

*Injunctive*How long *6 days*

Immediate

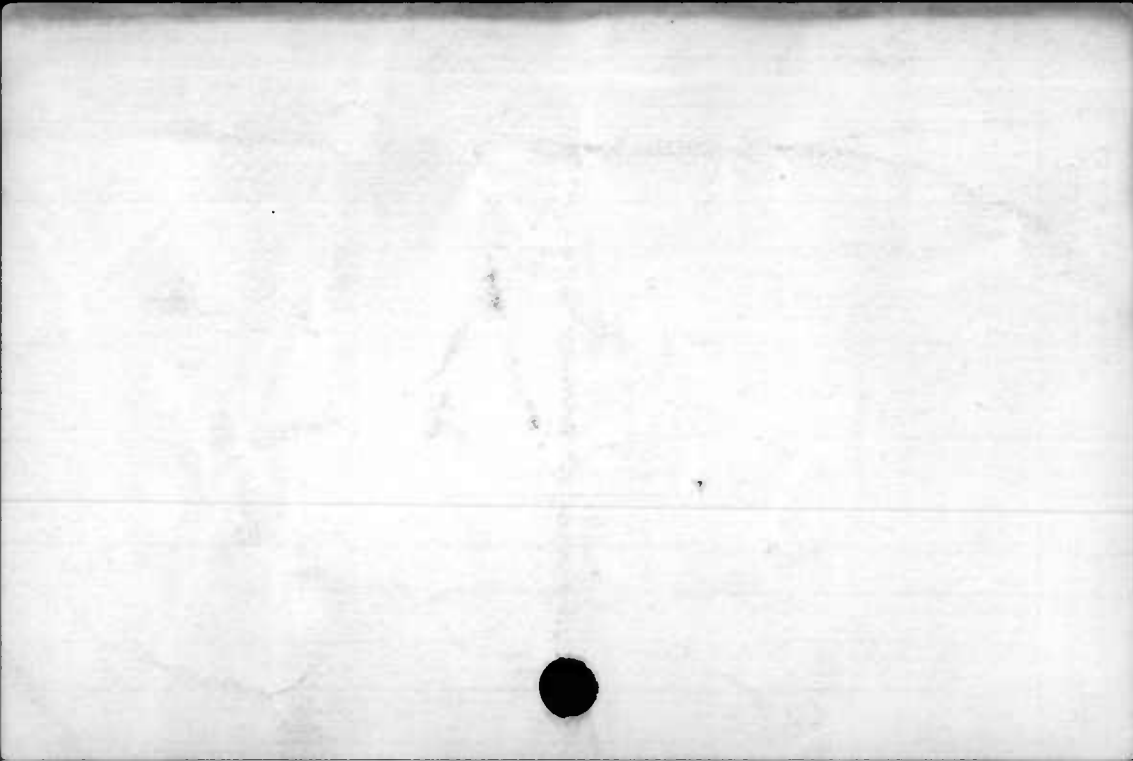
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

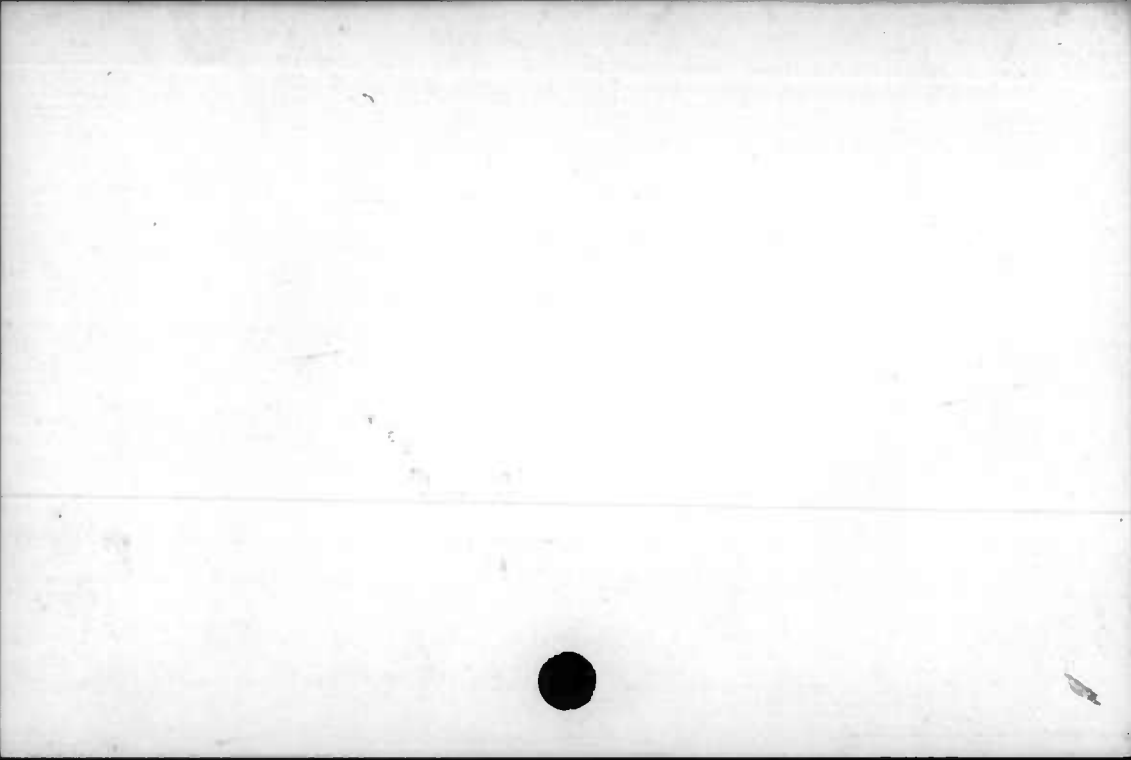
Address

Accident or Suicide?

*D. Brooks & Bros*



Name in Full <b>Subert Gross</b>		CERTIFICATE OF DEATH	
Died at <b>St Johns Creek</b> Town <b>Calvert</b> County		MARYLAND	
Date of death <b>1905</b> Month <b>Sept.</b> Day <b>1</b> Age <b>1</b> Years Months <b>4</b> Days <b>14</b>			
Sex <b>Male</b> Color or Race <b>Black</b> Birth-place <b>Helleno Creek</b>			
Occupation <b>—</b>	Where Residing if not at place of death <b>—</b>		
Married, Single or Widowed <b>—</b>	Name of Wife or Husband <b>—</b>		
Father's Name <b>Joseph Gross</b>	Father's Birthplace <b>Calvert Co. Md.</b>		
Mother's Maiden Name <b>Mrs. Silla Taylor.</b>	Mother's Birthplace <b>Calvert Co. Md.</b>		
Name of person giving information <b>Emma Turner.</b>	How related to deceased <b>Aunt.</b>		
CAUSES OF DEATH			
Primary <b>Inflamm of intestines Catarrhal</b>	How long <b>1 week.</b>		
Immediate	How long		
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>W. O. March,</b>		
	Address <b>Solomons Md.</b>		
Accident or Suicide?			



Name  
in  
Full

Rebecca Hardesty

## CERTIFICATE OF DEATH

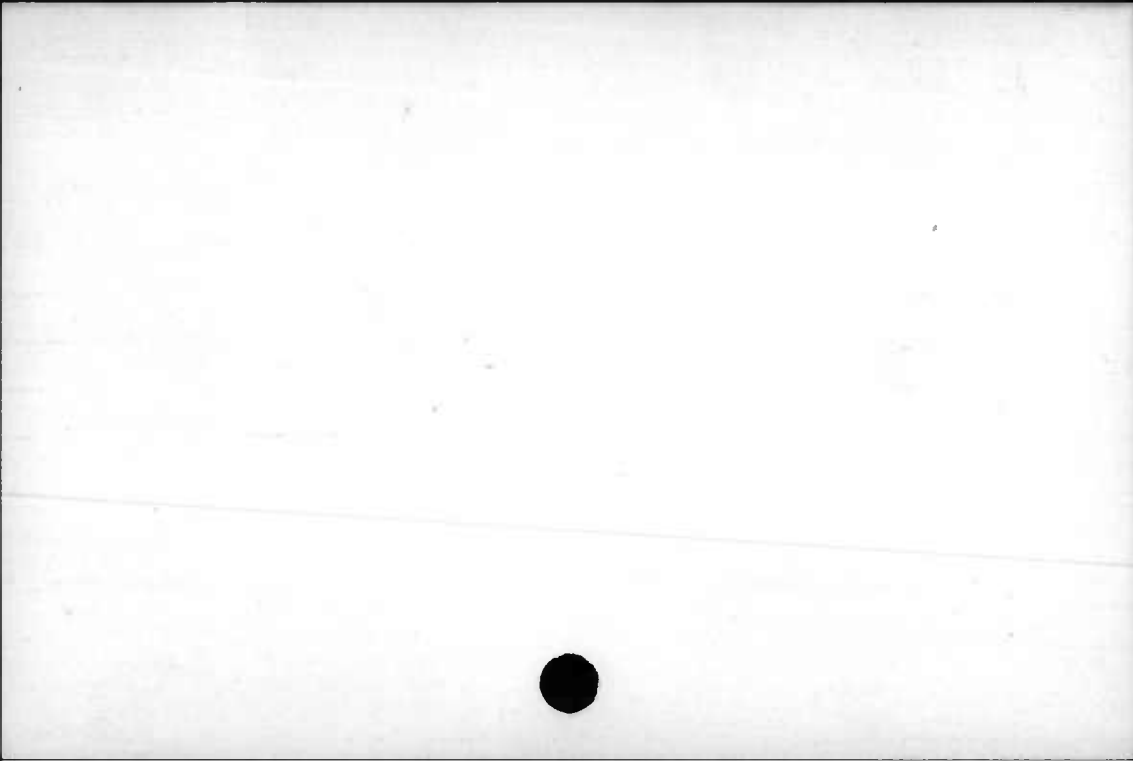
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sunderland		County Calvert		MARYLAND	
Date of death	1905	Month Sept	Day 2	Years 10	Months 2	Days	
Sex	Female		Color or Race	white		Birth- place	Cal. Co.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				James Hardesty			
Mother's Maiden Name				Sarah P. Cox			
Name of person giving In formation				James Hardesty			
				How related to deceased			
				father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever		How long	26 days
Immediate	Profuse hemorrhage		How long	18 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. W. Litch
			Address	Huntington Md
Accident or Suicide?				





Name  
in  
Full

Mallie Harrison

## CERTIFICATE OF DEATH

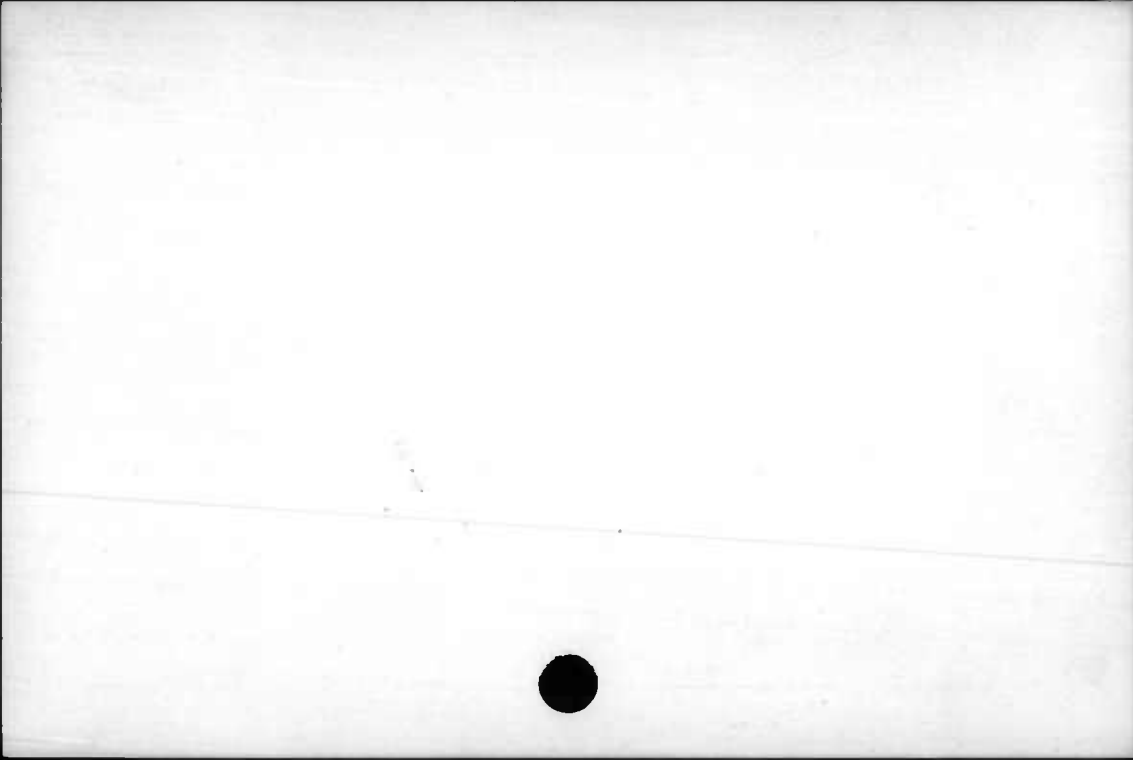
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt. Harmony		County Calvert		MARYLAND	
Date of death	1905	Month Sept	Day 15	Age	50	Years	Months Days
Sex	Female		Color or Race	white		Birth- place	Cal. lev.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband L. W. Harrison					
Father's Name		Daniel Hardisty				Father's Birthplace Cal. lev.	
Mother's Maiden Name		Sarah Jones				Mother's Birthplace	
Name of person giving In formation		Clarence Wilkinson				How related to deceased none	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	10 yrs
Immediate	Decomposed properly Tubercular		How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. W. Leitch		
Address		Huntingtown, Md.		
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

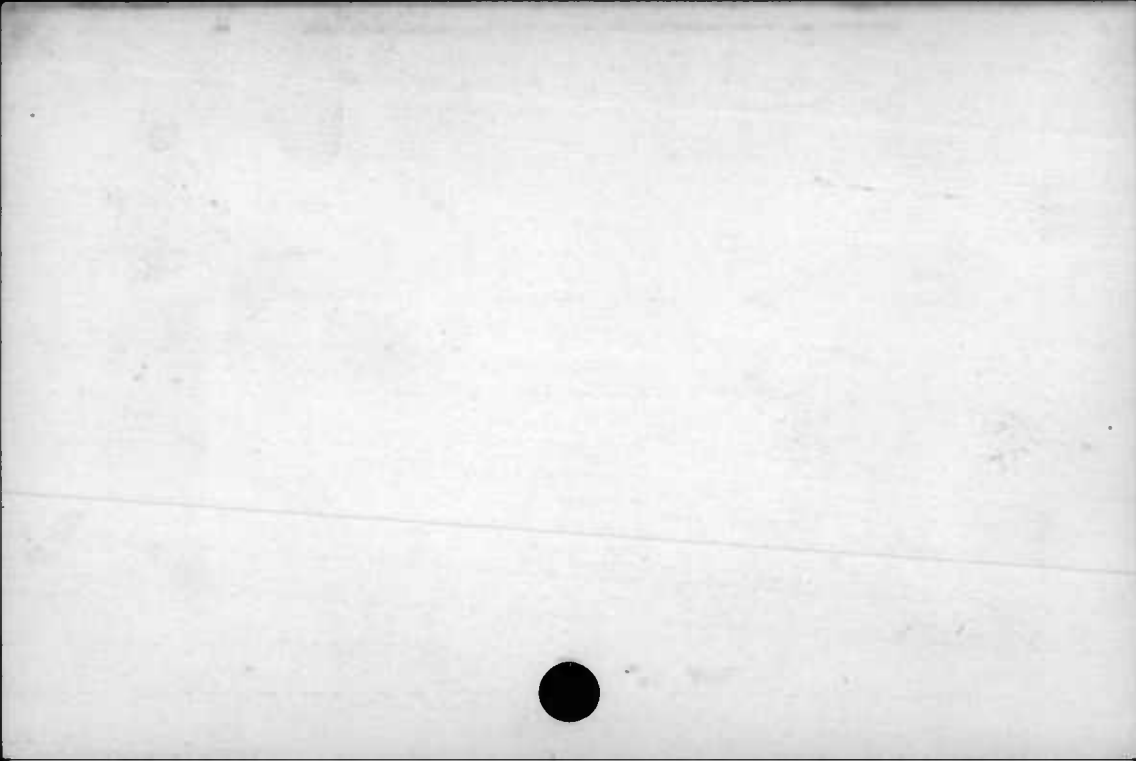
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake Beach</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death 1905		Month <i>Sept</i>	Day <i>1</i>	Age <i>33</i> Years	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Sallie Hunt</i>					
Father's Name <i>Joseph Hunt</i>				Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Mary King</i>				Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>J F Marquess</i>				How related to deceased <i>Brother in law</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Small Pox</i>	How long <i>4 weeks</i>
Immediate <i>Pneumonia (double) Heart Failure</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J L Brayshaw</i>
	Address <i>Friendship Ind</i>
Accident or Suicide?	



Name

in  
Full

Lewis P. Johnson

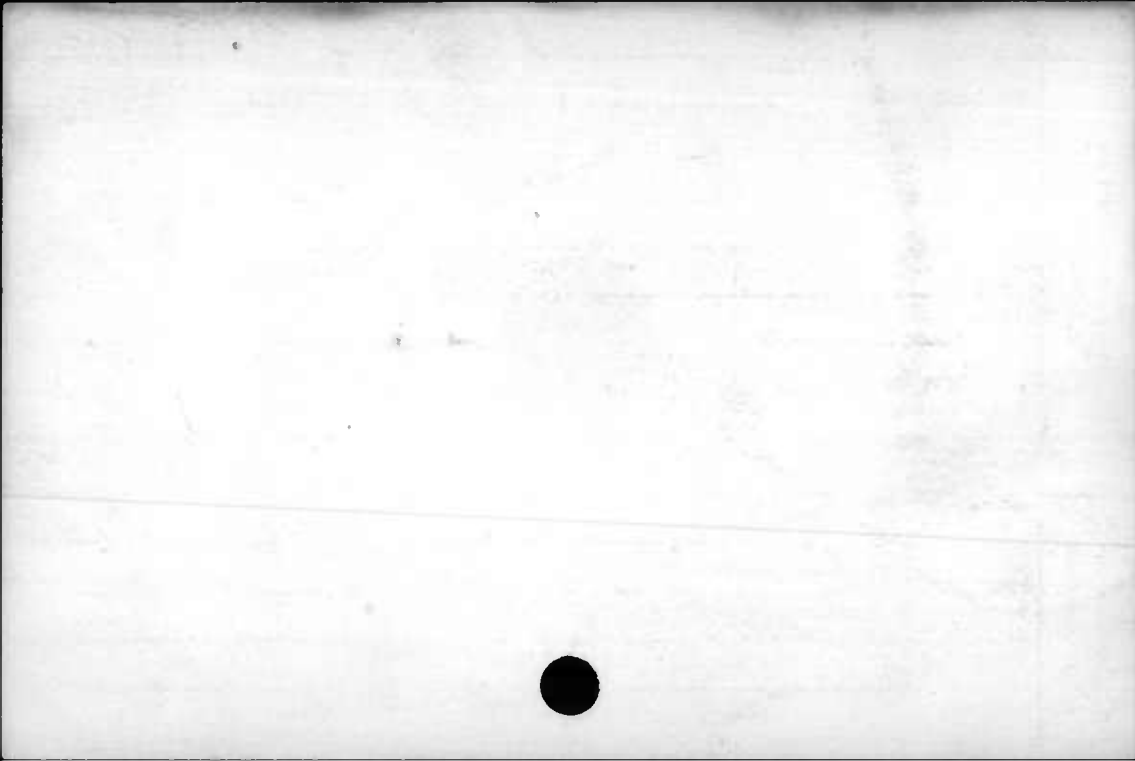
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CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mutual</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>190</i>	Month <i>Sept</i>	Day <i>25</i>	Age <i>1</i> Years	Months <i>6</i>	Days
Sex <i>Colored</i>	Color or Race		Birth-place <i>Calvert Co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>(99)</i>		Father's Birthplace	
Mother's Maiden Name <i>Maggie Sanders</i>		Mother's Birthplace <i>Calvert Co Md</i>			
Name of person giving information <i>Bertie Jackson</i>		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Some Form of Lung Trouble</i>	How long
Immediate	<i>Not Tubercular</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address <i>D. Brook &amp; 13rs</i>
Accident or Suicide?		



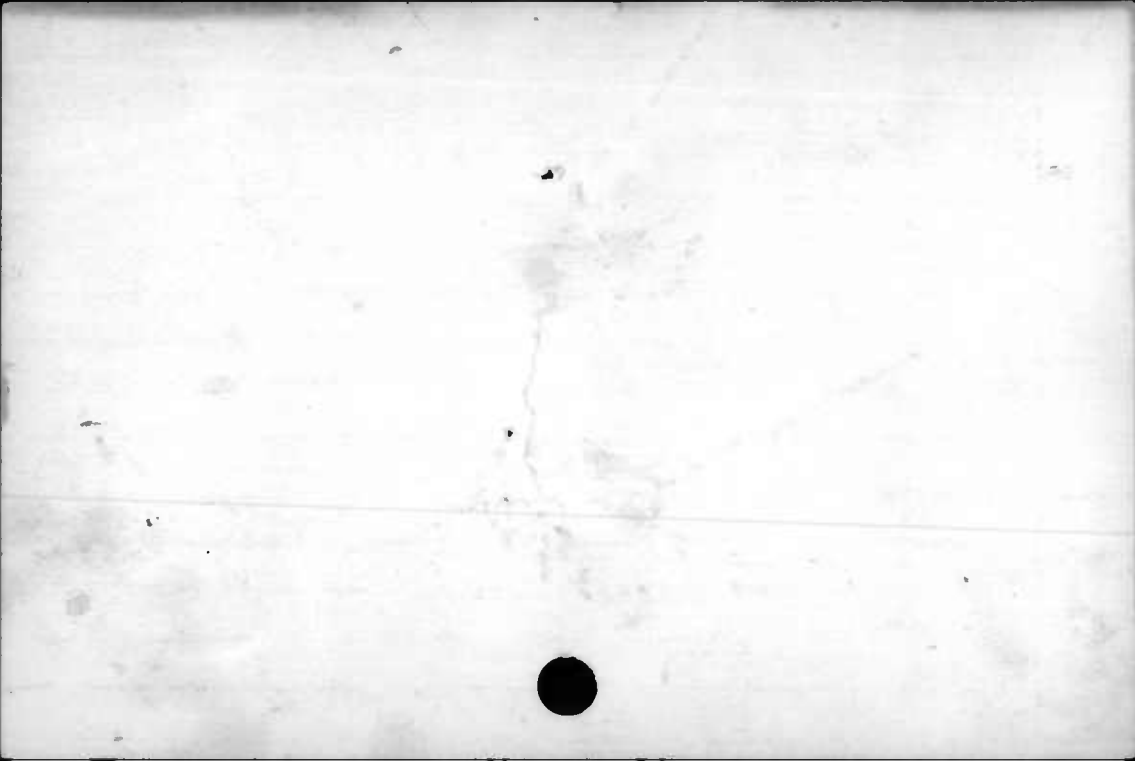
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CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sluam Creek</i>		Town <i>Calvert</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>sep</i>	Day <i>6th</i>	Age <i>65</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>colored</i>		Birthplace <i>Calvert co</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Sluam Creek</i>						
Married, Single or Widowed <i>wid</i>	Name of Wife or Husband						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information <i>Richard Jones</i>	How related to deceased <i>son in law</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>This party came from</i>	How long <i>10 days</i>
Immediate <i>Beets Smelovs off</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>J. J. [illegible]</i>	Address
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

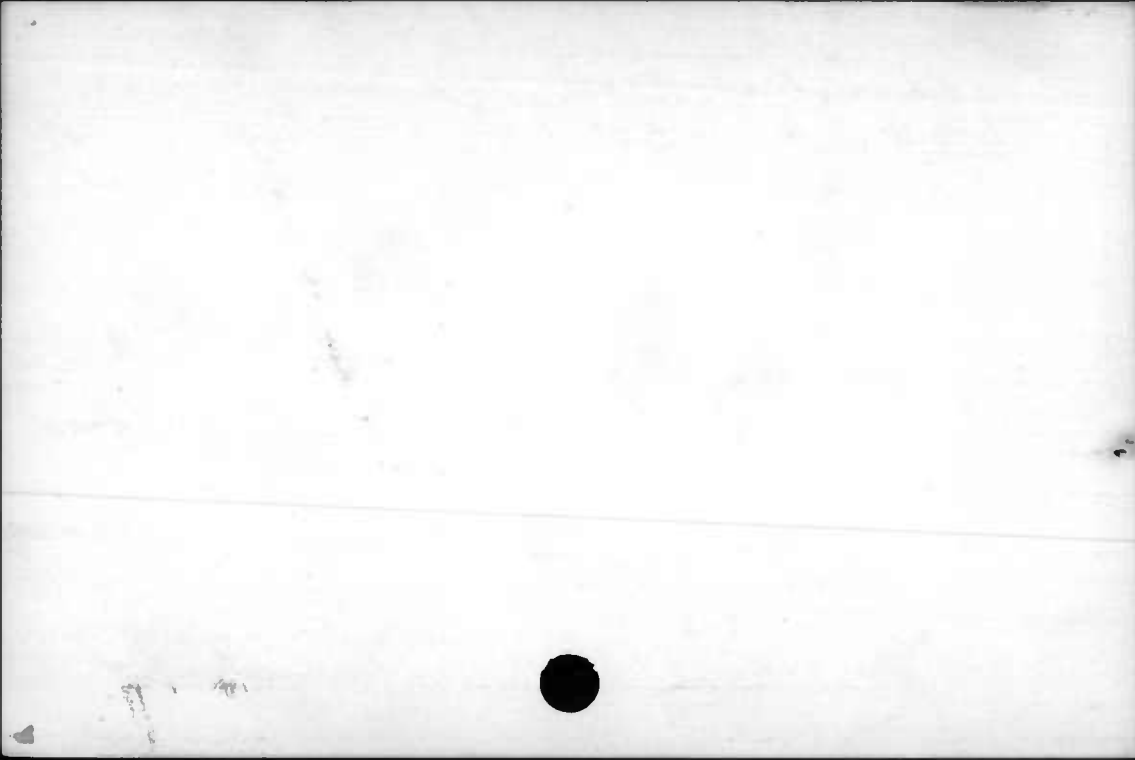
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Florrence Inell</i>		Town <i>Huntingtown</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Huntingtown</i>		Date of death <i>1905 Sept 26</i>		Age <i>32</i>		Months <i></i> Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cal. Geo.</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of <del>W</del> Husband <i>Thomas Mason Inell</i>					
Father's Name <i>James W. Gome</i>		Father's Birthplace <i>Cal. Geo.</i>					
Mother's Maiden Name <i>Elizabeth Turner</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>R. H. Norfolk</i>		How related to deceased <i>none</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Pulmonary Tuberculosis</i>		How long <i>8 months</i>	
Immediate <i>Exhaustion</i> <i>(27)</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Leitch</i>	
		Address <i>Huntingtown Md.</i>	
Accident or Suicide? <i></i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

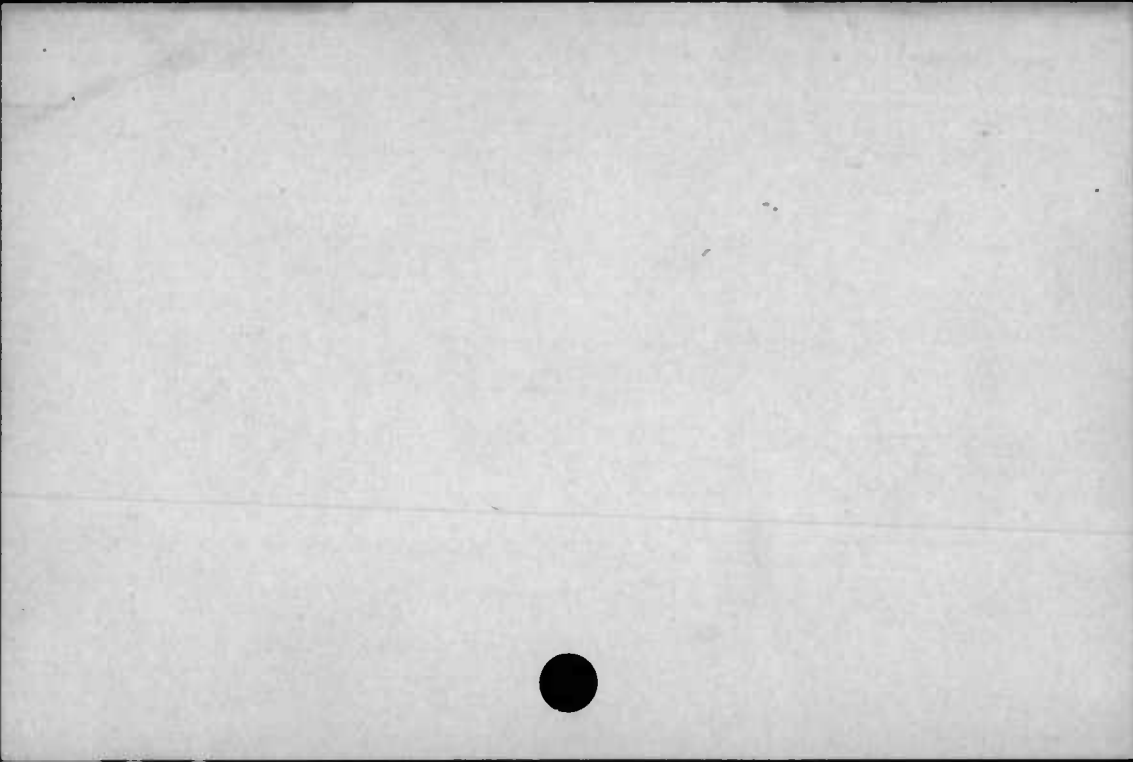
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1901	Month	Day	Years	Months	Days
Sex		Female		Color or Race		White	
Occupation				Birth-place		C. Beach	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		William R. Tucker		Father's Birthplace		Va	
Mother's Maiden Name		Olivia Patterson		Mother's Birthplace		Md	
Name of person giving information		W. R. Tucker		How related to deceased		Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	Several weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. L. Braysshaw	
		Address	
		Fredericksburg	
Accident or Suicide?			



PHYSICIAN  
OR CORONER

Mary Bertha Young

**CERTIFICATE OF DEATH**

Died at Channahon Town

County  
Calaveras

MARYLAND

Date of death	190.5	Month	Sept.	Day	29
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Age \_\_\_\_\_ Years \_\_\_\_\_

Months

Days

Sex Female

Color or Race African

Birth-place *Chamneyville*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or Husband

Father's Name *Elsie Young*

Father's Birthplace *Calverton*

Mother's Maiden Name *Vida Grey*

Mother's Birthplace

Name of person giving information James Grey

How related to deceased	Grandfather
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### CAUSES OF DEATH

Primary Marasmus

How long 2 weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. H. Hume*

Address

## Accident or Suicide?

